

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/927,436

FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				
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23	/	/	/	/	
24	/	/	/	/	
25	/	/	/	/	
26	/	/	/	/	
27	/	/	/	/	
28	/	/	/	/	
29	/	/	/	/	
30	/	/	/	/	
31	/	/	/	/	
32	/	/	/	/	
33	/	/	/	/	
34	/	/	/	/	
35	/	/	/	/	
36	/	/	/	/	
37	/	/	/	/	
38	/	/	/	/	
39			2		
40			2		
41			2		
42			2		
43			2		
44			2		
45			2		
46			2		
47			2		
48			2		
49					
50					
TOTAL IND.	5	2			
TOTAL DEP.	33	23			
TOTAL CLAIMS	38	25			

CLAIMS					
* 1		* 2		* 3	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
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95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS